



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
P.O. BOX 9034
OLYMPIA, WA 98507-9034
Telephone: (360) 753-4401

UNIFIED
BUSINESS
IDENTIFIER

MASTER APPLICATION

Please type or print clearly in dark ink.

Take your completed application and fees to any location shown on the enclosed listing of offices, or MAIL DIRECTLY to the Master License Service.

UBI NUMBER

OWNER NAME (Please print clearly)

FOR VALIDATION -- OFFICE USE ONLY

01P-400-731-0003

A PAYMENT SUMMARY (Use the enclosed *Registration and License Description Sheet* for the information needed to complete this list.)

LIST REGISTRATIONS AND LICENSES BELOW		FEE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Enclose check for total amount due, including application fee which MUST be submitted with this form. <i>Make check payable to the WASHINGTON STATE TREASURER.</i>	APPLICATION FEE	\$ 15.00
	TOTAL AMOUNT DUE	\$

B PURPOSE OF APPLICATION (You may check more than one box, see the instructions on page 2.)

- ☐ Open/Reopen Business ☐ Register Trade Name ☐ Change Ownership ☐ Merger ☐ Hire Employees ☐ Hire Domestic Employees
☐ Add License/Registration ☐ Change Trade Name ☐ Open New Location ☐ Obtain Minor Work Permit ☐ Obtain License for Individual

C BUSINESS OWNERSHIP or INDIVIDUAL TO BE LICENSED (Complete appropriate section for business ownership type or provide information about individual to be licensed; see instructions on page 2.)

Check all that apply (see instructions): <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL TO BE LICENSED	Owner's Name (Last, First, Middle)		Birthdate	Social Security Number
	Home Address (Street or Route, P.O. Box, City, State, Zip)			Home Telephone Number ()
	Spouse (Last, First, Middle)	Is the name of the spouse to appear on this license? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE Birthdate
PARTNERSHIP List Partners in Section D	Partnership Name (If any) <input type="checkbox"/> Limited (If limited write name exactly as registered with Secretary of State)			Number of Partners
	Partnership Mailing Address (Street or Route, P.O. Box, City, State, Zip)			
CORPORATION List Corporate Officers in Section D	Corporation Name (Exactly as registered with Secretary of State)			Date of Incorporation
	Number of Corporate Officers	Are any Corporate Officers in Washington also Directors and Shareholders? <input type="checkbox"/> YES <input type="checkbox"/> NO		State of Incorporation
LIMITED LIABILITY COMPANY List Managers or Members in Section D	Company Name (Exactly as registered with Secretary of State)			Date of Formation
	Number of Managers (if no managers, number of members)			State of Formation
OTHER List Principals in Section D	Name of the Organization	Type of Organization	Business Mailing Address (Street or Route, P.O. Box, City, State, Zip)	

If you need assistance through the Telecommunications Device for the Deaf, call TDD (360) 586-2788. To request this document in an alternate format for the visually impaired, call (360) 753-4401.



INSTRUCTIONS

SECTION A: Payment Summary

Use the *Registration and License Description Sheet* to help you determine the fees, registrations, and licenses you need for yourself and/or your business. List the appropriate registrations, licenses, and fees in Section A.

SECTION B: Purpose of the Application

You may check more than one box in Section B. Each selection listed in Section B is described below. You may not need to complete the entire application, depending upon the purpose of your application.

Note: If the purpose for filing your application does not fit within the categories listed in section B, briefly describe the purpose of your application in section A. Complete **ALL** sections of the application.

- **Open/Reopen Business:** Check this box if:
 - You are operating a business in Washington for the first time.
 - You are reopening your business.Complete **ALL** sections of the application.
- **Add License/Registration:** Check this box if you are currently conducting business in this state and wish to add a license or registration. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing.
 - If you are adding licenses that require additional forms (see *Registration and License Description Sheet*), please call Master License Service at (360) 753-4401 for the forms, or for information about licensing requirements for your business.
- **Register Trade Name:** You are required to register a Trade Name if you are a sole proprietor, partnership, corporation, or limited liability company conducting business in Washington under a name other than the **full legal name** listed in Section C. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing. You may register more than one trade name for this business location.
- **Change Trade Name:** Check this box if you wish to cancel an existing Trade Name and register another Trade Name. List the Trade Name you wish to register and the fee amount in Section A. On the line below, enter the Trade Name you wish to cancel. Write "CANCEL" after that name. Complete sections A, B, C, E1, and K; complete section D if there are changes from the last filing.
- **Change Ownership:** Check this box if you are purchasing an existing business or making an ownership change. (For example:

your business was a sole proprietorship, but is changing to a partnership.) Complete **ALL** sections of the application.

- **Open New Location:** Check this box if you are opening a new location for an existing business. Complete **ALL** sections of the application.
- **Merger:** Check this box if two businesses have merged to form a single business entity. Complete **ALL** sections of the application.
- **Obtain License for Individual:** Check this box if you are applying for a license for an individual. Complete sections A, B, C (*Sole Proprietor or Individual to be Licensed* portion), and K.
- **Hire Employees:** Check this box if you own an existing business and wish to hire employees. **A Master Business Application must be filed before employees can be hired.** Complete sections A, B, C, E1, J1, J2, and K; complete section D if there are changes from the last filing.
- **Obtain Minor Work Permit:** If you already have coverage for employees and are adding minors, complete sections A, B, C, E1, J1, and K; complete section D if there are changes from the last filing.
- **Hire Domestic Employees:** See *Registration and License Description Sheet* for definition of a domestic employee. Complete sections A, B, C (*Sole Proprietor or Individual to be Licensed* portion), J1, J2, and K. You do NOT have to pay the \$15 application fee.

SECTION C: Business Ownership or Individual to be Licensed

Note: You may apply for a license for an individual and for business registrations and licenses on the same application. Follow the instructions below to ensure that you properly complete the application for both the individual license and the business registrations and licenses.

Individual: If you are applying for a license for an individual, check the appropriate box and complete the *Sole Proprietor/Individual to be Licensed* section. If you are applying only for an individual license, you do not need to complete the spouse information; if you are also applying for business licenses and registrations as a sole proprietor, this information should be provided.

Business: Determine which type of business ownership describes your business and complete the appropriate section. You may find the following ownership definitions helpful.

- **Sole Proprietor:** A self-employed owner operating a business for profit; or a marital community between spouses, unless a legal partnership exists.
- **Partnership:** An agreement between two or more entities engaged in the same business enterprise. Profits and losses are shared. Each partner is an agent for the other(s) and liable for the debts of the firm. Can also be a marital community who has formed a legal partnership.
- **Limited Partnership:** A partnership composed of general and limited partners. General partners are responsible for business management and losses. Limited partners are responsible only to the extent of their investments. *
- **Corporation:** A business entity that has the same rights and privileges as an individual. **Foreign (out-of-state) corporations** are corporations that have incorporated outside Washington. *
- **Limited Liability Company:** A business entity that is a hybrid between a partnership and a corporation that combines the operational flexibility of a partnership with the limited liability protection associated with limited partnerships and corporations. *
- **Other:** Unincorporated nonprofit associations, trusts, municipalities, political subdivisions, and others that do not fit any of the previous specific categories listed.

SECTION J: Employment

If you are planning to hire employees with a first date of employment more than three months after you file this application, the Departments of Employment Security and Labor & Industries will not open an account for you at this time. You will need to file another application before you hire employees.

* **Limited partnerships, corporations (domestic and foreign) and limited liability companies must file additional documents with the Office of the Secretary of State.** The name of a limited partnership, corporation or limited liability company is not guaranteed for use when entered on this application, unless that name has first been registered with the Office of the Secretary of State.

UBI #

D PARTNERS, CORPORATE OFFICERS OR LIMITED LIABILITY COMPANY MANAGERS (or members if no managers were elected.)

Name (Last, First, Middle)	Birthdate	Social Security Number	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ()	Title
Spouse (Last, First, Middle)	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate
Name (Last, First, Middle)	Birthdate	Social Security Number	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ()	Title
Spouse (Last, First, Middle)	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate
Name (Last, First, Middle)	Birthdate	Social Security Number	% Owned
Home Address (Street or Route, P.O. Box, City, State, Zip)		Home Telephone Number ()	Title
Spouse (Last, First, Middle)	Social Security Number	COMPLETE ONLY FOR LIQUOR OR LOTTERY LICENSE	Birthdate

(Attach additional sheets if necessary.)

E BUSINESS INFORMATION (Complete for actual location where business will be conducted.)

E1 Date business first will be (was) conducted, under this owner, at this WA location: <div> <div>Mo</div> <div>Day</div> <div>Yr</div> </div>	Firm/Trade Name		
	Business Mailing Address (Street or Route, P.O. Box, Suite #— Do not use building name)		
	City	State	Zip
Business Location (Street or Route, City, State, Zip — Physical location only)			FAX Number
E2 Is this location within city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which city?	County	Total number of business locations you have in Washington
Is this business <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Estimated Gross Annual Income in Washington (determines reporting frequency)		Your Federal Employer I.D. Number (FEIN)
Describe in detail the principal products sold or services you provide in Washington. Indicate if sales are retail or wholesale, and if products are manufactured in Washington:			
Name and Address of Personal or Business Reference (Street or Route, P.O. Box, City, State, Zip)			Telephone Number ()
Bank Name (where you do banking)		Bank Branch Name	
Is this business owned by, controlled by, or affiliated with any other business entity? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list other business entity:		
Is this a Nonprofit Organization established for educational, religious, or charitable purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO			

F ANY OTHER BUSINESS (Complete this section if you are now or have ever been a sole proprietor, business partner, or owner of a corporation.)

Owner Name or Firm Name	Last year in business
Firm Address (Street or Route, P.O. Box, City, State and Zip)	UBI/State Tax Registration Number

G PRIOR OWNER (Complete this section if this business had a prior owner.)

Did you buy, lease or acquire all or part of an existing business? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, check one box <input type="checkbox"/> ALL <input type="checkbox"/> PART Date bought / leased / acquired <div> <div>Mo</div> <div>Day</div> <div>Yr</div> </div>	Prior Business Name	Prior Owner's Telephone No. ()	Is prior owner still in business? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Prior Owner's Name and Address		

H FURNITURE/FIXTURES/EQUIPMENT (Complete if you purchased or leased furniture, fixtures or equipment for this business.)

Did you purchase any fixtures or equipment on which you have not paid sales or use tax?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, purchase price \$ _____	Are you leasing furniture, fixtures or equipment for use in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, from whom?
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I OUT OF STATE BUSINESS (Complete if your business is based outside of Washington.)

Are sales solicited on your behalf in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, by:	<input type="checkbox"/> Resident employees <input type="checkbox"/> Non-resident employees <input type="checkbox"/> Traveling representatives	<input type="checkbox"/> Local independent agents <input type="checkbox"/> Other _____	
Do you maintain stocks of merchandise, including consigned stock, in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you lease articles of personal property to others for use in Washington?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you perform services in Washington for customers, clients, or franchisees?	<input type="checkbox"/> YES <input type="checkbox"/> NO

J EMPLOYMENT (Complete if you employ, or plan to employ, one or more persons in Washington; or if you want optional coverage.)

J1 Date of first employment or planned employment at this location	Mo Day Yr	Number of persons you employ or plan to employ at this location (<i>Do not include owners</i>)	Of these, how many are or will be minors (<i>under age 18</i>)?	Are any of these minors under age 16?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List the specific duties performed by <u>minors</u> at this location					Are the minors working in an agricultural business? <input type="checkbox"/> YES <input type="checkbox"/> NO

J2 If you operate at more than one location, do you wish to report your locations together or separately?	<input type="checkbox"/> TOGETHER <input type="checkbox"/> SEPARATELY
Do you wish Unemployment Insurance coverage for corporate officers? <input type="checkbox"/> Yes — Completed Form 5203 is required. This form will be sent to you by Employment Security Department. <input type="checkbox"/> No — Officers must be informed in writing by the corporation.	

The following categories of employment ARE NOT INCLUDED under the mandatory coverage laws of Washington for Industrial Insurance (if you would like Industrial Insurance coverage for any of these categories, you must request optional coverage below):

Sole proprietor/partner or corporate officers who are directors and shareholders; domestic servants; gardening/maintenance/remodeling in or about the employers home; services in return for aid; minors under 18 years employed on a family farm; jockey-racing; entertainers; volunteer law enforcement; volunteer workers or student volunteers (K thru 12) (medical only); Indian tribal members; community service workers; cosmetologists, barbers, and manicurists who rent booths; newspaper carriers; insurance agents, brokers, and solicitors; other employment as defined in Title 51 of the Revised Code of Washington.

Indicate if you wish coverage for:

Sole proprietor, partner or corporate officers who are directors and shareholders ☐ YES ☐ NO
Optional coverage for excluded employment ☐ YES ☐ NO (If **yes**, write category from above list in employee activity section below.)

Coverage is effective as of the date this form is received, unless a later date is requested (indicate requested date in section below). A letter confirming coverage and providing information and instructions will be provided when the application is processed. Coverage will remain in effect until notification to cancel has been filed by the employer and received by the Department of Labor & Industries.

You must check the **ONE** box which best describes the major operation of your business:

- | | | | |
|---|--|---|---|
| (01) <input type="checkbox"/> Construction — Wood Frame Bldg. | (05) <input type="checkbox"/> Shipbuilding | (09) <input type="checkbox"/> Mfg. — Food Products | (13) <input type="checkbox"/> Retail / Wholesale Trade |
| (02) <input type="checkbox"/> Construction — All Other | (06) <input type="checkbox"/> Mining / Quarrying / Sand & Gravel | (10) <input type="checkbox"/> Miscellaneous Mfg. | (14) <input type="checkbox"/> Services or Operations or Maintenance |
| (03) <input type="checkbox"/> Logging / Forestry | (07) <input type="checkbox"/> Mfg. — Wood / Metal / Stone Products | (11) <input type="checkbox"/> Machine Shops / Auto Repair | (15) <input type="checkbox"/> Communications |
| (04) <input type="checkbox"/> Temporary Help or Trucking | (08) <input type="checkbox"/> Mfg. — Chemicals | (12) <input type="checkbox"/> Agricultural / Farming | (16) <input type="checkbox"/> Clerical / Professional Occup. |

DESCRIBE IN DETAIL THE ACTIVITIES OF YOUR EMPLOYEES AND/OR INDICATE THE CATEGORY OF OPTIONAL COVERAGE REQUESTED AND EFFECTIVE DATE

3 MONTH ESTIMATE

Number of Employees	Workers hours (include minors)
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K SIGNATURE (of sole proprietor or spouse, partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I (we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corp., corporate officer must sign; if a limited liability co., manager must sign)	Title	Date	
X			
X			
X			
Application prepared by (<i>please print</i>)	Title	Telephone number	Date

Agency representative assisting with application (<i>Please print</i>)	<input type="checkbox"/> Mail <input type="checkbox"/> Counter	Agency Office	Telephone number	Date
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